834 Benefit Enrollment and Maintenance

HIPAA/V4010X095A1/834: 834 Benefit Enrollment and Maintenance

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Notes:	CA-DHS 8/15/2005
	This transaction is used to report data contained on the CA-DHS MEDS system. In some instances there is no direct correlation between MEDS data values and HIPAA

**transaction codes; in
those instances the MEDS
value is reported.**

**Please review Notes for
N301, N402, and HD04**

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Benefit Enrollment and Maintenance

Functional Group=BE

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA).For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency.The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			Required
020	BGN	Beginning Segment	M	1			Required
LOOP ID - 1000A					**1**	**N1/070L**	
070	N1	Sponsor Name	M	1			Required
LOOP ID - 1000B					**1**	**N1/070L**	
070	N1	Payer	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000					**>1**		
010	INS	Member Level Detail	O	1		N2/010	Required
020	REF	Subscriber Number	M	1		N2/020	Required
020	REF	Member Policy Number	O	1		N2/020	Situational
020	REF	Member Identification Number	O	5		N2/020	Situational
025	DTP	Member Level Dates	O	20			Situational
LOOP ID - 2100A					**1**		
030	NM1	Member Name	O	1			Required
040	PER	Member Communications Numbers	O	1			Situational
050	N3	Member Residence Street Address	O	1			Situational
060	N4	Member Residence City, State, ZIP Code	O	1		N2/060	Situational
080	DMG	Member Demographics	O	1			Situational

150	LUI	Member Language	O	5		Situational
LOOP ID - 2300					**99**	
260	HD	Health Coverage	O	1		Situational
270	DTP	Health Coverage Dates	O	4		Required
LOOP ID - 2320					**5**	
400	COB	Coordination of Benefits	O	1		Situational
405	REF	Additional Coordination of Benefits Identifiers	O	5		Situational
410	N1	Other Insurance Company Name	O	1		Situational
450	DTP	Coordination of Benefits Eligibility Dates	O	2		Situational
690	SE	Transaction Set Trailer	M	1		Required

Not Defined:

Pos	**Id**	**Segment Name**	**Req**	**Max Use**	**Repeat**	**Notes**	**Usage**
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

1/070L	At least one iteration of loop 1000 is required to identify the sender or receiver.
1/070L	At least one iteration of loop 1000 is required to identify the sender or receiver.
2/010	A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
2/020	The REF segment is required to link the dependent(s) to the subscriber.
2/020	The REF segment is required to link the dependent(s) to the subscriber.
2/020	The REF segment is required to link the dependent(s) to the subscriber.
2/060	CA-DHS 6/30/2005 State data is not always reported on MEDS; element N402 may contain null data. If the data is null it will be defaulted to "XX".

ISA   Interchange Control Header

Pos:	**Max: 1**
Not Defined - Mandatory	
Loop: N/A	**Elements: 16**

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information
User Note 4: *Authorization Information Qualifier00 – No Authorization Information Present*

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
	ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA02	I02	**Authorization Information**	M	AN	10/10	Required

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)
User Note 4: *This field always includes 10 blank spaces.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Security Information
User Note 4: *00 – No Security Information Present*

Code	Name
00	No Security Information Present (No Meaningful Information in I04)
	ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA04	I04	**Security Information**	M	AN	10/10	Required

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)
User Note 4: *This field always contains 10 blank spaces.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element

being qualified
User Note 4: *"ZZ" – Mutually Defined*

<u>Code</u>	<u>Name</u>
30	U.S. Federal Tax Identification Number
ZZ	Mutually Defined

ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required	

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

User Note 4: *"CA-DHS   "*

This field has a required length of 15 bytes; therefore, the field is blank filled to the right.

ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required	

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified
User Note 4: *ZZ – Mutually Defined*

<u>Code</u>	<u>Name</u>
30	U.S. Federal Tax Identification Number
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required	

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them
User Note 4: *"ReceiverID   "*

A lookup was performed on the TPM table to find the ReceiverID.

This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.

ISA09	I08	**Interchange Date**	M	DT	6/6	Required	

Description: Date of the interchange
User Note 4: *The date format is YYMMDD*

ISA10	I09	**Interchange Time**	M	TM	4/4	Required	

Description: Time of the interchange
User Note 4: *The time format is HHMM*

ISA11	I10	**Interchange Control Standards Identifier**	M	ID	1/1	Required	

Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer
User Note 4: *always "U"*

= U.S. EDI Community of ASC X12, TDCC, and UCS
All valid standard codes are used.

ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required

Description: Code specifying the version number of the interchange control segments

User Note 4: *00401*

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<u>Code</u>	<u>Name</u>
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

User Note 4: *formula: 4 (for 834) + date(yyyymm + [dd for daily, "00" for monthly])*

The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.

ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required

Description: Code sent by the sender to request an interchange acknowledgment (TA1)

User Note 4: *0 – No Acknowledgment Requested*

<u>Code</u>	<u>Name</u>
0	No Acknowledgment Requested

ISA15	I14	**Usage Indicator**	M	ID	1/1	Required

Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information

User Note 4: *P – Production*
T – Test

During testing the usage indicator is T. After the trading partner is approved, the usage indicator is P.

<u>Code</u>	<u>Name</u>
P	Production Data
T	Test Data

ISA16	I15	**Component Element Separator**	M		1/1	Required

Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

User Note 4: *The component element separator is a delimiter and not a data element. This is always a colon (:).*

Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Example:

ISA*00*..........*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1* T*:~

GS   Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required

Description: Code identifying a group of application related transaction sets
User Note 4: *The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment. In this case:*
BE – Benefit Enrollment and Maintenance (834)

Code	Name
BE	Benefit Enrollment and Maintenance (834)

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required

Description: Code identifying party sending transmission; codes agreed to by trading partners
User Note 4: *CA-DHS*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required

Description: Code identifying party receiving transmission; codes agreed to by trading partners
Alias: *Application Receiver's Code - found by a lookup to the TPM table*
User Note 4: *The ISA08 field is repeated here unless specified on the EDI transmission form submitted by trading partner.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS04	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS05	337	**Time**	M	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
User Note 4: *The time format is HHMMSS.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS06	28	**Group Control Number**	M	N0	1/9	Required

		Description: Assigned number originated and maintained by the sender				
		User Note 4: *This data element contains a uniquely assigned number and matches the number in the corresponding GE02 data element on the GE group trailer segment.* *Configured using the following formula: 4 (for 834) + date(yyyymm + [dd for daily, "00" for monthly])*				
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required
		Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480				
		User Note 4: *"X" – Accredited Standards Committee X12*				

Code	**Name**
X	Accredited Standards Committee X12

GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required
		Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed				
		User Note 4: *004010X095A1 for the 834*				

Code	**Name**
004010X095 A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Example:

*GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~*

ST   Transaction Set Header

Pos: 010   Max: 1
Heading - Mandatory
Loop: N/A   Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required

Description: Code uniquely identifying a
Transaction Set
User Note 4: *834*

Code	Name
834	Benefit Enrollment and Maintenance
	REQUIRED

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Description: Identifying control number that
must be unique within the transaction set
functional group assigned by the originator for
a transaction set
User Note 4: *The transaction set control
numbers in ST02 and SE02 must be identical.
This unique number also aids in error
resolution research. For example, start with
the number 0001 and increment from there.
This number must be unique within a specific
group and interchange, but the number can
repeat in other groups and interchanges.*

*This number is assigned locally by the sender
and matches the value in the corresponding
SE02 element.*

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the
   appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Example:
*ST*834*0001~*

BGN Beginning Segment

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 7

User Option (Usage): Required

To indicate the beginning of a transaction set

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BGN01	353	**Transaction Set Purpose Code**	M	ID	2/2	Required

Description: Code identifying purpose of transaction set

User Note 4: *00 – Original*
All transaction sets are generated as original transactions.

If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.

Code	Name
00	Original

The "00" indicates the first time the transaction is sent.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BGN02	127	**Reference Identification**	M	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Transaction Set Identifier Code*
User Note 4: *Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.*

Health Plan Code + date + 'C' + Transaction number (incremented by one for every 10,000 records)

The transaction set ID code consists of the three-digit Health Plan Code, the creation date (ccyymmdd), the file type (A – Audit, C – Change), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the IG requirement. 001 represents the first 10,000, 002 represents the second 10,000 and so forth.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BGN03	373	**Date**	M	DT	8/8	Required

Description: Date expressed as

CCYYMMDD
Industry: *Transaction Set Creation Date*
User Note 4: *Use this date to identify the date that the submitter created the file.*

BGN04	337	**Time**	C	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Industry: *Transaction Set Creation Time*
User Note 4: *Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.*

This is the time the transaction was created and assigned by the translator. Format is hhmmss.

BGN05	623	**Time Code**	O	ID	2/2	Situational

Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow

Industry: *Time Zone Code*
CODE SOURCE: *94: International Organization for Standardization (Date and Time)*
User Note 4: *Use the time code if the sender and receiver are not in the same time zone.*

Not used by CA-DHS
All valid standard codes are used.

BGN06	127	**Reference Identification**	O	AN	1/30	Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Transaction Set Identifier Code*
User Note 4: *If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.*

Not used by CA-DHS

BGN08	306	**Action Code**	O	ID	1/2	Required

Description: Code indicating type of action
User Note 4: *2 – Change*
4 -- Verify

Change files (2) are created daily – Monday through Friday. Any changes that have

occurred since the last file creation are reported. Audit files (4) are created once monthly.

Code	Name
1	Add
2	Change (Update)

Used to identify a transaction of additions, terminations and changes to the current enrollment.

3	Delete
4	Verify

Used to identify a full enrollment transaction to verify that the sponsor and payer's systems are synchronized.

Syntax Rules:

1. C0504 - If BGN05 is present, then BGN04 is required.

Semantics:

1. BGN02 is the transaction set reference number.
2. BGN03 is the transaction set date.
3. BGN04 is the transaction set time.
4. BGN05 is the transaction set time qualifier.
5. BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.

Comments:

1. This segment describes the type of transaction sent such as Audit or Change.

Example:

*BGN*00*11227*19970920*1200*ES***2~*

N1   Sponsor Name

<table>
<tr><td>Pos: 070</td><td>Max: 1</td></tr>
<tr><td colspan="2">Heading - Mandatory</td></tr>
<tr><td>Loop:
1000A</td><td>Elements: 4</td></tr>
</table>

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
User Note 4: *P5 – Plan Sponsor*

Code	Name
P5	Plan Sponsor

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational

Description: Free-form name
Industry: *Plan Sponsor Name*
User Note 4: *"California - Department of Health Services"*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N103	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)
User Note 4: *FI – Federal Taxpayer's Identification Number*

Code	Name
FI	Federal Taxpayer's Identification Number

The developers recommend that this code be used until the HIPAA standard identifier is implemented.

ZZ	Mutually Defined

The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Sponsor Identifier*
User Note 4: *"68-0317191"*

CA-DHS Federal Id Number

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:
1. This segment contains the identifying information for the sender
2. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
3. N105 and N106 further define the type of entity in N101.

Notes:
1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.
Example:
N1*P5**FI*12356799~

N1   Payer

Pos: 070	**Max: 1**
Heading - Mandatory	
Loop: 1000B	**Elements: 4**

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
User Note 4: *IN – Insurer*

Code	Name
IN	Insurer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational

Description: Free-form name
Industry: *Insurer Name*
User Note 4: *The name of the Health Care Plan - found by doing a lookup to the TPM table.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N103	66	**Identification Code Qualifier**	C	ID	1/2	Required

Description: Code designating the system/method of code structure used for Identification Code (67)
User Note 4: *FI – Federal taxpayer's identification*

Code	Name
FI	Federal Taxpayer's Identification Number
ZZ	Mutually Defined

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Required

Description: Code identifying a party or other code
Industry: *Insurer Identification Code*
User Note 4: *This is the Health Care Plan's federal tax ID - found by doing a lookup to the TPM table.*

ExternalCodeList
Name: 540
Description: Health Care Financing Administration National PlanID

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.

2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.
3. This segment contains the federal taxpayer's identifier for the payer.

Notes:

1. Use this loop to identify the payer. See section 1.3 for the definition of a payer.

Example:

*N1*IN**FI*12356799~*

INS   Member Level Detail

Pos: 010	**Max: 1**
Detail - Optional	
Loop: 2000	**Elements: 13**

User Option (Usage): Required

To provide benefit information on insured entities

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
INS01	1073	**Yes/No Condition or Response Code**	M	ID	1/1	Required

Description: Code indicating a Yes or No condition or response
Industry: *Insured Indicator*
Alias: *Subscriber Indicator*
User Note 4: *Y – Yes*

Since the CA-DHS member is always the patient, this value is always Y. The insured is the subscriber.

Code	Name
N	No
Y	Yes

Ref	Id	Element Name	Req	Type	Min/Max	Usage
INS02	1069	**Individual Relationship Code**	M	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities
User Note 4: *18 – Self*

Since the CA-DHS member is always the patient, this value is always 18. The insured is the subscriber.

Code	Name
18	Self

Ref	Id	Element Name	Req	Type	Min/Max	Usage
INS03	875	**Maintenance Type Code**	O	ID	3/3	Required

Description: Code identifying the specific type of item maintenance
Field Name: 1ST(2ND)-HCP-ST
Example: 01
Notes: Monthly = "030"

Daily file logic
If Dental_Flag = "Y2" then
        If (Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "S1") Then

                                "021"
                                Else
                                "024"
                                End If
                    else
                                If (Records("FM-SEGMENT-
                    01").Fields("FM-MD-1ST-HCP-ST_001") =
                    "01" or Records("FM-SEGMENT-
                    01").Fields("FM-MD-1ST-HCP-ST_001") =
                    "51" or Records("FM-SEGMENT-
                    01").Fields("FM-MD-1ST-HCP-ST_001") =
                    "S1") Then
                                "021"
                                Else
                                "024"
                                End If
                    end if

User Note 4: *021 – Addition*
024 – Cancellation or Termination
030 – Audit or Compare

The monthly audit file consists of only
030.The change file contains 001, 024.

For further information about full file audits
versus change only transactions see section
2.6 (Updates versus Full File Audits) of this
guide.

<u>Code</u>	<u>Name</u>
001	Change
	Use this code to indicate a change to an existing subscriber/dependent record.
021	Addition
	Use this code to add a subscriber or dependent.
024	Cancellation or Termination
	Use this code for cancellation, termination, or deletion of a subscriber or dependent.
025	Reinstatement
	Use this code for reinstatement of a cancelled subscriber/dependent record.
030	Audit or Compare
	Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information

INS04	1203	**Maintenance Reason Code**		O	ID	2/3	Situational

Description: Code identifying the reason for
the maintenance change
Field Name: 1ST(2ND)-HCP-ST_001
Notes: Monthly file = "XN"
Daily file logic:
If Dental_Flag = "Y2" then
            If (Records("FM-SEGMENT-
01").Fields("FM-MD-2ND-HCP-ST_001") =
"01" or Records("FM-SEGMENT-
01").Fields("FM-MD-2ND-HCP-ST_001") =
"51" or Records("FM-SEGMENT-
01").Fields("FM-MD-2ND-HCP-ST_001") =
"S1") Then
                    "021"

```
                    Else
                    "024"
                    End If
            else
                    If ( Records("FM-SEGMENT-
            01").Fields("FM-MD-1ST-HCP-ST_001") =
            "01"  or  Records("FM-SEGMENT-
            01").Fields("FM-MD-1ST-HCP-ST_001") =
            "51"  or  Records("FM-SEGMENT-
            01").Fields("FM-MD-1ST-HCP-ST_001") =
            "S1"  ) Then
                            "021"
                            Else
                            "024"
                            End If
            end if
```

User Note 4: *07 - Termination of Benefits*
28 - Initial Enrollment

Recommended: To be sent unless the trading
partner agreement between the sponsor and
payer allow this data element to not be sent.

Code	Name
07	Termination of Benefits
20	Active
22	Plan Change
	This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.
25	Change in Identifying Data Elements
	Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.
28	Initial Enrollment
41	Re-enrollment
43	Change of Location
	Use this code to indicate a change of address.
AI	No Reason Given
XN	Notification Only
	To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).
XT	Transfer
	This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.

INS05	1216	**Benefit Status Code**	O	ID	1/1	Required

Description: The type of coverage under
which benefits are paid
User Note 4: *A – Active*

Data is only supplied for active Medicaid
members.

Code	Name
A	Active
C	Consolidated Omnibus Budget Reconciliation Act (COBRA)
S	Surviving Insured
T	Tax Equity and Fiscal Responsibility Act (TEFRA)

INS06	1218	**Medicare Plan Code**	O	ID	1/1	Situational

Description: Code identifying the Medicare Plan
Field Name: FM-MD-MEDICARE-ST_00
Example: FM-MD-MEDICARE-ST_001
Notes: if left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|3|4|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|4|7" then
      "C"
elseif left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|3|4|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1|2|4|7" then
      "A"
elseif left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1|2|3|4|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|4|7" then
      "B"
else
      "E"
end if

User Note 4: *This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.*

A – Medicare
B – Medicare
C – Medicare A & B
E – No Medicare

If a member has Medicare coverage, the applicable value is sent. If no longer covered, E is sent.

Code	**Name**
A	Medicare Part A
B	Medicare Part B
C	Medicare Part A and B
D	Medicare
	Medicare - Part Unknown
E	No Medicare

INS07	1219	**Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code**	O	ID	1/2	Situational

Description: A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary
Industry: *Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code*
User Note 4: *This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA.*

Not used by CA-DHS

Code	Name
1	Termination of Employment
2	Reduction of work hours
3	Medicare
4	Death
5	Divorce
6	Separation
7	Ineligible Child
8	Bankruptcy of a Retired Employee

INS08	584	**Employment Status Code**	O	ID	2/2	Situational

Description: Code showing the general employment status of an employee/claimant

User Note 4: *FT – Full-time*

Required for subscriber.
If this insurance enrollment is through a non-employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non-employment based programs will be limited to "FT", Full Time, "PT", Part-Time, and "TE", Terminated.

Code	Name
FT	Full-time
	Full time active employee
PT	Part-time
	Part time Active Employee
RT	Retired
TE	Terminated

INS09	1220	**Student Status Code**	O	ID	1/1	Situational

Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

User Note 4: *Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.*

Not used by CA-DHS
All valid standard codes are used.

INS10	1073	**Yes/No Condition or Response Code**	O	ID	1/1	Situational

Description: Code indicating a Yes or No condition or response

Industry: *Handicap Indicator*
User Note 4: *This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.*

Not used by CA-DHS

		Code **Name** N No Y Yes				
INS11	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Situational

Description: Code indicating the date format, time format, or date and time format

User Note 4: *"D8"*

The date is in CCYYMMDD format

Code	**Name**	
D8	Date Expressed in Format CCYYMMDD	

INS12	1251	**Date Time Period**	C	AN	1/35	Situational

Description: Expression of a date, a time, or range of dates, times or dates and times
Field Name: FM-DEATH-CC &FM-D
Example: FM-DEATH-CC & FM-DEATH-DATE
Notes: trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-CC")) & trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-DATE"))
Industry: *Insured Individual Death Date*
User Note 4: *Use this date for the date of death of the subscriber/dependent.*
This does not replace the use of the termination date within the 2300 loop.

INS17	1470	**Number**	O	N0	1/9	Situational

Description: A generic number
Industry: *Birth Sequence Number*
User Note 4: *Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.*

Not used by CA-DHS

Syntax Rules:

1. P1112 - If either INS11 or INS12 is present, then the other is required.

Semantics:

1. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.
2. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3. INS12 is the date of death.
4. INS14, INS15, and INS16 identify where the employee works.
5. INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

Comments:

1. No more than 10,000 INS segments can occur in a single 834 transaction.

Notes:

1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
2. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

Example:

*INS*Y*18*021*28*A*E**FT~*

REF   Subscriber Number

Pos: 020   Max: 1
Detail - Mandatory
Loop: 2000   Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification
User Note 4: *0F – Subscriber Number*

Code	Name
0F	Subscriber Number

The assignment of the Subscriber Number is designated within the Insurance Contract.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Field Name: FM-MEDS-ID
Industry: *Subscriber Identifier*
User Note 4: *This represents the CA-DHS MEDS ID.*

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. This segment contains the CA-DHS member's ID

Notes:

1. If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).
2. This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.
3. The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

Example:

REF*0F*920399398~

REF   Member Policy Number

Pos: 020   Max: 1
Detail - Optional
Loop: 2000   Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification
User Note 4: *IL - Member Policy Number*

Code	Name
1L	Group or Policy Number

The payer is responsible for making the assignment of the Group or Policy Number.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Insured Group or Policy Number*
User Note 4: *"NO DATA AVAILABLE"*

Member Policy Number not available on FAME file.

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.
2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example:

*REF*1L*9CC4123~*

REF   Member Identification Number

Pos: 020	Max: 5
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification
Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H

FM-CLIENT-INDEX-NUMBER = 23

FM-HIC-NBR = F6

FM-PRIOR-MEDS-ID = Q4

FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17
User Note 4: *3H – Case Number*
23 – Client Index Number
F6 – HIC number
Q4 – Prior Identifier Number
17 – Client Reporting Category

Code	Name
17	Client Reporting Category

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

| 23 | Client Number |

To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.

| 3H | Case Number |
| 6O | Cross Reference Number |

This number is used to tie the Surviving Insured back to the original Subscriber ID.

| DX | Department/Agency Number |

Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.

| F6 | Health Insurance Claim (HIC) Number |

Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.

| Q4 | Prior Identifier Number |

> *Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or*
> *coverage that resulted in a new ID number being assigned but left the member covered by the same payer.*

		ZZ	Mutually Defined				

> *Use this code to transmit the title of the member's employment position.*

REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H

FM-CLIENT-INDEX-NUMBER = 23

FM-HIC-NBR = F6

FM-PRIOR-MEDS-ID = Q4

FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17

Industry: *Subscriber Supplemental Identifier*
User Note 4: *When 3H is reported, REF02 contains the case number.*
When 23 is reported, REF02 contains the Client Index Number.
When F6 is reported, REF02 contains the HIC number.
When Q4 is reported, REF02 contains the prior CA-DHS MEDS ID.
When 17 is reported, REF02 contains the CA-DHS County ID Number

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. Two member identification segments are sent with three additional segments possible for linked member identification numbers.

Notes:

1. This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.

Example:

*REF*17*920399398~*

DTP Member Level Dates

<table>
<tr><td>Pos: 025</td><td>Max: 20</td></tr>
<tr><td colspan="2">Detail - Optional</td></tr>
<tr><td>Loop: 2000</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Field Name: 1ST(2ND)-HCP-ST_001
Notes: If Dental_Flag = "Y2" then
      If (Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "S1") Then
                "356"
        else
                "357"
        end if
else
      If (Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "S1") Then
                "356"
        else
                "357"
        End If
end if

Industry: *Date Time Qualifier*
User Note 4: *The qualifiers 356 and 357 are used for reporting the member's eligibility effective date and end date under a specific PCP.*

356 for new enrollments
357 for terminations

Code	Name
301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event
303	Maintenance Effective
338	Medicare Begin
339	Medicare End
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin

			341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End
			356	Eligibility Begin

This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.

			357	Eligibility End

This code is used as the end of eligibility date (termination reason).

			473	Medicaid Begin
			474	Medicaid End

DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

User Note 4: *"D8"*

The date is in CCYYMMDD format

Code	**Name**
D8	Date Expressed in Format CCYYMMDD

DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Field Name: 1ST(2ND)-HCP-ST_001
Notes: If Dental_Flag = "Y2" then
       If (Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "S1") Then
              Format(Date(),"yyyymm") & "01"
       else
              Format(DateAdd("d",-Format(Date(),"dd"),Date()),"yyyymmdd")
       end if
else
       If (Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "S1") Then
              Format(Date(),"yyyymm") & "01"
       else
              Format(DateAdd("d",-Format(Date(),"dd"),Date()),"yyyymmdd")
       End If
end if
Industry: *Status Information Effective Date*
User Note 4: *first day of this month if new enrollment*
last day of previous month if termination

Semantics:

   1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

   1. Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.
   2. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).

Example:

   *DTP*356*D8*19960705~*

NM1 Member Name

Pos: 030	Max: 1
Detail - Optional	
Loop: 2100A	**Elements: 9**

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual
User Note 4: *IL – Insured or Subscriber*

Code	Name
74	Corrected Insured

Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.

IL	Insured or Subscriber

Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required

Description: Code qualifying the type of entity
User Note 4: *1 - Person*

Code	Name
1	Person

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name**	O	AN	1/35	Required

Description: Individual last name or organizational name
Field Name: FM-LAST-NAME
Industry: *Subscriber Last Name*
User Note 4: *This is the CA-DHS member's last name.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM104	1036	**Name First**	O	AN	1/25	Required

Description: Individual first name
Field Name: FM-FIRST-NAME
Industry: *Subscriber First Name*
User Note 4: *This is the CA-DHS member's last name.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM105	1037	**Name Middle**	O	AN	1/25	Situational

Description: Individual middle name or initial
Field Name: FM-INITIAL
Industry: *Subscriber Middle Name*
User Note 4: *This is the CA-DHS member's*

		middle initial.				
NM106	1038	**Name Prefix**	O	AN	1/10	Situational

Description: Prefix to individual name
Industry: *Subscriber Name Prefix*
User Note 4: *Send if supplied by subscriber.*

Not used by CA-DHS

NM107	1039	**Name Suffix**	O	AN	1/10	Situational

Description: Suffix to individual name
Industry: *Subscriber Name Suffix*
User Note 4: *Send if supplied by subscriber.*

Not used by CA-DHS

NM108	66	**Identification Code Qualifier**	C	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
User Note 4: *Send when required by X12 syntax.*

Not used by CA-DHS

Code	Name
34	Social Security Number
	The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.
ZZ	Mutually Defined
	Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.

NM109	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code
Industry: *Subscriber Identifier*
User Note 4: *Until the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.*

Not used by CA-DHS

Syntax Rules:
1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:
1. NM102 qualifies NM103.

Comments:
1. This segment contains a member's identifying information.
2. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.

Example:

*NM1*IL*1*SMITH*JOHN*M**SR~*

PER	Member Communications Numbers	Pos: 040 Max: 1 Detail - Optional Loop: 2100A Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named
User Note 4: *IP – Insured Party*

Code	Name
IP	Insured Party

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Required

Description: Code identifying the type of communication number
User Note 4: *TE – Telephone*

Code	Name
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Required

Description: Complete communications number including country or area code when applicable
Field Name: WS-FO-BENE-PHONE
User Note 4: *This is the CA-DHS member's telephone number.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Situational

Description: Code identifying the type of communication number
User Note 4: *Send when required by X12 syntax.*

Not used by CA-DHS

Code	Name
TE	Telephone

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number**	C	AN	1/80	Situational

Description: Complete communications number including country or area code when applicable
User Note 4: *This element should be sent if additional communication numbers are available.*

		Not used by CA-DHS				
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Situational
		Description: Code identifying the type of communication number				
		User Note 4: *Send when required by X12 syntax.*				
		Not used by CA-DHS				

Code	**Name**
TE	Telephone

PER08	364	**Communication Number**	C	AN	1/80	Situational
		Description: Complete communications number including country or area code when applicable				
		User Note 4: *This element should be sent if additional communication numbers are available.*				
		Not used by CA-DHS				

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

Comments:

1. This segment contains the CA-DHS member's primary telephone number.

Notes:

1. This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.
2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
3. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IP**HP*8015554321~

N3   Member Residence Street Address

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100A	**Elements: 2**

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Address Information**	M	AN	1/55	Required

Description: Address information
Field Name: WS-FO-RES-ADDR-LINE1
Industry: *Subscriber Address Line*
User Note 4: *This is the first line of the CA-DHS member's street address.*

From WS-FO-RES-ADDR-LINE1,
or from WS-FO-RES-ADDR-LINE2 (if FAME address line 2 is populated and address line 1 is not populated).

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N302	166	**Address Information**	O	AN	1/55	Situational

Description: Address information
Field Name: WS-FO-RES-ADDR-LINE2
Industry: *Subscriber Address Line*
User Note 4: *Required if a second address line exists.*

This is the second line of the CA-DHS member's street address.

From WS-FO-RES-ADDR-LINE2 (if both address line 1 and address line 2 are populated in FAME).

Comments:

1. This segment contains the CA-DHS member's street address.

Notes:

1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example:

*N3*50 ORCHARD STREET~*

User Note 4:

CA-DHS 6/30/2005
Address information may be reported in either N301 or N302; In the case N301 is null and N02 has data N302 will be reported in N301.

If this segment is missing (N301 & N302 are null) - This is a valid data based on the lack of FAME residence data for a member. If FAME data is missing the field will be defaulted to "X"

The trading partner should contact their DHS account manager to update the member residence address.

It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.

N4   Member Residence City, State, ZIP Code

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100A	**Elements: 6**

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**City Name**	O	AN	2/30	Required

Description: Free-form text for city name
Field Name: WS-FO-RES-ADDR-CITY-
Example: WS-FO-RES-ADDR-CITY-STATE
Industry: *Subscriber City Name*
User Note 4: *This is the CA-DHS member's city of residence.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N402	156	**State or Province Code**	O	ID	2/2	Required

Description: Code (Standard State/Province) as defined by appropriate government agency
Field Name: WS-FO-RES-STATE
Industry: *Subscriber State Code*
CODE SOURCE: *22: States and Outlying Areas of the U.S.*
User Note 4: *This is the CA-DHS member's state of residence.*

If this element is missing from FAME file the state will be defaulted to "XX" - This is a valid error based on the lack of FAME residence data for a member.

The trading partner should contact their DHS account manager to update the member residence address.

ExternalCodeList
Name: 22
Description: States and Outlying Areas of the U.S.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N403	116	**Postal Code**	O	ID	3/15	Required

Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)
Field Name: WS-FO-RES-ZIP-CODE
Industry: *Subscriber Postal Zone or ZIP Code*
CODE SOURCE: *51: ZIP Code*
User Note 4: *This is the CA-DHS member's postal or ZIP code.*

> *The FAME file may have incorrect zip codes or no zip code. In the case of no zip code a default of "000" will be supplied. There is no current way to validate input of zip codes in FAME.*

ExternalCodeList
Name: 51
Description: ZIP Code

N404	26	**Country Code**	O	ID	2/3	Situational

Description: Code identifying the country
CODE SOURCE: *5: Countries, Currencies and Funds*
User Note 4: *Required only if country is not USA.*

Not used by CA-DHS.

ExternalCodeList
Name: 5
Description: Countries, Currencies and Funds

N405	309	**Location Qualifier**	C	ID	1/2	Situational

Description: Code identifying type of location
User Note 4: *Send when required by X12 syntax.*

CY – County/Parish

Code	Name
60	Area

> *The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.*

Code	Name
CY	County/Parish

N406	310	**Location Identifier**	O	AN	1/30	Situational

Description: Code which identifies a specific location
Field Name: WS-FO-RES-CNTY
Industry: *Location Identification Code*
User Note 4: *This is the county code of the CA-DHS member's residence.*

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. This segment contains the CA-DHS member's city, state, ZIP Code and county code information
2. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
3. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example:

*N4*ROCK HILL*FL*33131~*

User Note 4:

If this segment is missing - This is a valid based on the lack of FAME residence data for a member.

The trading partner should contact their DHS account manager to update the member residence address.

It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.

DMG   Member Demographics

Pos: 080	**Max: 1**
Detail - Optional	
Loop: 2100A	**Elements: 6**

User Option (Usage): Situational

To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format
User Note 4: *"D8"*

The date is in CCYYMMDD format.

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG02	1251	**Date Time Period**	C	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Field Name: FM-DOB
Example: FM-DOB-C & FM-DOB-YYY & FM-DOB-MM & FM-DOB-DD
Industry: *Member Birth Date*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG03	1068	**Gender Code**	O	ID	1/1	Required

Description: Code indicating the sex of the individual
Field Name: FM-SEX
User Note 4: *F – Female*
M – Male
U - Unknown

Code	Name
F	Female
M	Male
U	Unknown

This code is to be used when the gender is unknown or when it cannot be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG04	1067	**Marital Status Code**	O	ID	1/1	Situational

Description: Code defining the marital status of a person
User Note 4: *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element*

is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

Not used by CA-DHS

Code	Name
B	Registered Domestic Partner
D	Divorced
I	Single
M	Married
R	Unreported
S	Separated
U	Unmarried (Single or Divorced or Widowed)
	This code should be used if the previous status is unknown.
W	Widowed
X	Legally Separated

DMG05	1109	**Race or Ethnicity Code**	O	ID	1/1	Situational

Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

User Note 4: *Code is located in HD04 field character position 23. See HD04 user notes for code descriptions.*

ExternalCodeList
Name: Ethnic Codes
Description:

DMG06	1066	**Citizenship Status Code**	O	ID	1/2	Situational

Description: Code indicating citizenship status

User Note 4: *Citizenship status codes are located in character position 24 in the HD04 segment. See HD04 user notes for a list of codes and descriptions.*

ExternalCodeList
Name: Alien Codes
Description: non compliant

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Comments:

1. This segment contains the CA-DHS member's demographic information.

Notes:
1. REQUIRED when enrolling a new member, changing a member's demographic information, or terminating a member.
2. This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.

Example:
*DMG*D8*19450915*F*M~*

User Note 4:
CA-DHS 6-30/2005
DMG05 is not being used. Race and Ethnicity codes will be reported in HD04 character position 23.

DMG06 is not being used. Citizenship Status Codes will be reported in HD04 character position 24.

LUI   Member Language

Pos: 150	**Max: 5**
Detail - Optional	
Loop: 2100A	**Elements: 3**

User Option (Usage): Situational

To specify language, type of usage, and proficiency or fluency

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LUI01	66	**Identification Code Qualifier**	C	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
Field Name: WS-FO-LANG-CODE
User Note 4: *Send when required by X12 syntax.*

LE – ISO639 Language Codes

Refer to MEDS Language to 834 Conversion document.

Code	Name
LD	NISO Z39.53 Language Codes
	CODE SOURCE: 457: NISO Z39.53 Language Code List
LE	ISO 639 Language Codes
	CODE SOURCE: 102: Languages

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LUI02	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code
Field Name: WS-FO-LANG-CODE
Industry: *Language Code*
User Note 4: *This data element should be sent if the sponsor is able to code the language identification.*

Refer to MEDS Language to 834 Conversion document.

ExternalCodeList
Name: 102
Description: Languages
ExternalCodeList
Name: 457
Description: NISO Z39.53 Language Code List

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LUI03	352	**Description**	C	AN	1/80	Not recommended

Description: A free-form description to clarify the related data elements and their content

Field Name: WS-FO-LANG-CODE
Industry: *Language Description*
User Note 4: *This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02.*

Refer to MEDS Language to 834 Conversion document.

Syntax Rules:
1. P0102 - If either LUI01 or LUI02 is present, then the other is required.
2. L040203 - If LUI04 is present, then at least one of LUI02 or LUI03 is required.

Semantics:
1. LUI02 is the language code.
2. LUI03 is the name of the language.

Comments:
1. This segment contains CA-DHS member's native language.

Notes:
1. To be used if the sponsor knows that the insured member's language is other than English.
2. This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

Example:
LUI*LD*123**8~

HD   Health Coverage

Pos: 260	Max: 1
Detail - Optional	
Loop: 2300	**Elements: 4**

User Option (Usage): Situational

To provide information on health coverage

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HD01	875	**Maintenance Type Code**	M	ID	3/3	Required

Description: Code identifying the specific type of item maintenance
Field Name: 1ST(2ND)-HCP-ST_001
Notes: If Dental_Flag = "Y2" then
     If (Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "S1") Then
        "021"
        Else
        "024"
        End If
else
     If (Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "51" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "S1") Then
        "021"
        Else
        "024"
        End If
end if

User Note 4: *021 – Addition*
024 – Cancellation or Termination
030 – Audit or Compare

Daily file will be either 021 or 024
Monthly file will be 030

Code	Name
001	Change
002	Delete
	Use this code for deleting an incorrect coverage record.
021	Addition
024	Cancellation or Termination
	Use this code for canceling/terminating a coverage.
025	Reinstatement

| | | 030 | Audit or Compare | | | | |

HD03	1205	**Insurance Line Code**	O	ID	2/3	Required

Description: Code identifying a group of insurance products
Notes: If Dental_Flag <> "N" then
     "DEN"
else
     "HLT"
end if

User Note 4: *HLT - Health*
DEN - Dental

Code	**Name**
DEN	Dental
HLT	Health
	Includes both hospital and professional coverage.
VIS	Vision

HD04	1204	**Plan Coverage Description**	O	AN	1/50	Situational

Description: A description or number that identifies the plan or coverage
Notes: FM-MD-AID-CODE_001 & FM-MD-DUAL-AID1_001 & FM-MD-DUAL-ESC1_001 & FM-MD-DUAL-AID2_001 & FM-MD-DUAL-ESC2_001 & FM-MD-DUAL-AID3_001 & FM-MD-DUAL-ESC3_001 & FM-ETHNIC-CD & FM-ALIEN-CD

User Note 4: *The plan coverage description is composed of the following: primary aid code+primary eligibility status code+special aid code 1+special eligibility status code+ special aid code 2+special eligibility status code+special aid code 3+special eligibility status code+cap aid current*

HD04 CHARACTER POSITION 23 contains Race or Ethnicity code.

These codes are not HIPAA compliant codes. CA-DHS uses the following ethnic code to transmit. Trading partner should contact their DHS account manager if they need further explanation.

1=White
2=Hispanic
3=Black
4=Asian or Pacific Islander
5=Alaskan Native or American Indian
7=Filipino
8=No Valid Data Reported
9=No Response, client declined to state
A=Amerasian
C=Chinese
H=Cambodian
J=Japanese
K=Korean
M=Somoan
N=Asian Indian
P=Hawaiian

R=Guamanian
T=Laotian
V=Vietnamese
Z=Other

HD04 CHARACTER POSITION 24 contains Citizenship Status

These codes are not HIPAA compliant codes. CA-DHS uses the following citizenship status codes. Trading partner should contact their DHS account manager if they need further explanation.

A = Proven U.S. citizen
B = Alleged U.S. citizen
C = Conditional entrant admitted under INA section 203(a)(7)
D = Deportation withheld admitted under INA section 243(h) or 241(b)(3)
E = Amerasian refugee admitted under INA sec 207
* F = Refugee admitted under INA sec 207 or 203(a)(7)
* G = Parolee admitted under INA section 212(d)(5)
* H = Silva vs. Levi alien
K = Lawful permanent resident (LPR)
L = Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
* M = Residents of the Northern Mariana Islands
* N = Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
* P = Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
* Q = Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
R = Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
S = Other aliens (not a temporary visa holder)
T = Alleged PRUCOL
U = Undocumented alien
V = Visitor / Student / VISA and other aliens with temporary documentation
W = Parolee admitted under INA section 212(d)(5) with a period of parole over one year
X = Indochinese refugee admitted under INA sec 207Y Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
Z = Kurdish or Iraqi asylee admitted under INA section 208
*** 0 = Other alien (not 1, 5, 7, 8, or 9)
*** 1 = Indochinese refugee admitted under INA sec 207
5 = Citizen child born to refugee parent(s)
*** 7 = Other refugee

8 = Cuban/Haitian entrant
*** 9 = Aged alien (Medicare ineligible alien and
not 1, 7, or 8)

*	*Federal (SDX) input only*
***	*Values obsolete 12/98*

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the rela ted INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

HD05	1207	**Coverage Level Code**	O	ID	3/3	Situational

Description: Code indicating the level of coverage being provided for this insured

User Note 4: *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.*

IND – Individual

Code	**Name**
IND	Individual

Semantics:

1. HD06 is the number of collateral dependents for the primary insured. A collateral dependent is a relative related by blood or marriage who resides in the home and is dependent on the employee for support.
2. HD07 is the number of sponsored dependents for the primary insured. A sponsored dependent is a dependent between the ages of 19 and 25 who is not in school.
3. HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.
4. HD11 is a prescription drug service coverage indicator. A "Y" value indicates that prescription drug service coverage applies; an "N" value indicates that prescription drug service coverage does not apply.

Comments:

1. This segment contains the type of record reported for health coverage information

Notes:

1. Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member.

Example:

HD*021**HLT*PLAN A BCD*FAM~

DTP   Health Coverage Dates

<table>
<tr><td>Pos: 270</td><td>Max: 4</td></tr>
<tr><td colspan="2" align="center">Detail - Optional</td></tr>
<tr><td>Loop: 2300</td><td>Elements: 3</td></tr>
</table>

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*
User Note 4: *348 – Benefit Begin*
349 – Benefit End

Qualifier 348 is used for additions and changes.
Qualifier 349 is used for terminations.

Code	Name
303	Maintenance Effective

This is the effective date of a change where a member's coverage is not being added or removed.

348	Benefit Begin

This is the effective date of coverage. This code should always be sent when adding coverage.

349	Benefit End

This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format
User Note 4: *D8*

The date is in CCYYMMDD format.

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Field Name: 1ST(2ND)-HCP-ST_001
Notes: If Dental_Flag = "Y2" then
          If (Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-2ND-HCP-ST_001") =

"51" or Records("FM-SEGMENT-
01").Fields("FM-MD-2ND-HCP-ST_001") =
"S1") Then
                        Format(Date(),"yyyymm") &
"01"
              else
                        Format(DateAdd("d",-
Format(Date(),"dd"),Date()),"yyyymmdd")
              end if
else
              If (Records("FM-SEGMENT-
01").Fields("FM-MD-1ST-HCP-ST_001") =
"01" or Records("FM-SEGMENT-
01").Fields("FM-MD-1ST-HCP-ST_001") =
"51" or Records("FM-SEGMENT-
01").Fields("FM-MD-1ST-HCP-ST_001") =
"S1") Then
                        Format(Date(),"yyyymm") &
"01"
              else
                        Format(DateAdd("d",-
Format(Date(),"dd"),Date()),"yyyymmdd")
              End If
end if

Industry: *Coverage Period*
User Note 4: *first day of this month if new
enrollment*
last day of previous month if termination

Semantics:
   1. DTP02 is the date or time or period format that will appear in DTP03.

Comments:
   1. This segment contains the dates of health coverage for the CA-DHS member and the corresponding Network.

Notes:
   *1. This segment contains the date that maintenance was performed or effective, and the benefit begin and end
   dates for the coverage or line of business.*

Example:
   *DTP*348*D8*19961001~*

COB   Coordination of Benefits

| Pos: 400   Max: 1 |
| Detail - Optional |
| Loop: 2320   Elements: 3 |

User Option (Usage): Situational

To supply information on coordination of benefits

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
COB01	1138	**Payer Responsibility Sequence Number Code**	O	ID	1/1	Required

Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim
User Note 4: *CA-DHS: U-Unknown*

Code	Name
P	Primary
S	Secondary
T	Tertiary
U	Unknown

Ref	Id	Element Name	Req	Type	Min/Max	Usage
COB02	127	**Reference Identification**	O	AN	1/30	Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: *Insured Group or Policy Number*
User Note 4: *CA-DHS: Not used.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
COB03	1143	**Coordination of Benefits Code**	O	ID	1/1	Required

Description: Code identifying whether there is a coordination of benefits
User Note 4: *CA-DHS: 6-No Coordination of Benefits.*

Code	Name
1	Coordination of Benefits
5	Unknown
6	No Coordination of Benefits
	Use this code to verify that it was determined that there is no COB.

Semantics:

1. COB02 is the policy number.

Notes:

1. Use this loop whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Always provide this information when provided to the sponsor. Provide the COB information by individual, not by subscriber.

2. Send this data when such transmission is required under the insurance contract between the sponsor and the payer.

Example:

*COB*P*XYZ123*1~*

REF Additional Coordination of Benefits Identifiers

Pos: 405	**Max: 5**
Detail - Optional	
Loop: 2320	**Elements: 2**

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Code	Name
60	Account Suffix Code
6P	Group Number
A6	Employee Identification Number
SY	Social Security Number

> *The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.*

Code	Name
ZZ	Mutually Defined

> *Mutually Defined, will be used in this REF01 for National Individual Identifier until a standard code is defined.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: *Insured Group or Policy Number*

Syntax Rules:
1. R0203 - At least one of REF02 or REF03 is required.

Semantics:
1. REF04 contains data relating to the value cited in REF02.

Notes:
1. This segment should be sent if additional data on coordination of benefits exists.
2. This segment should be sent if supplied by the subscriber. Use the Social Security Number or Employee ID Number until the National ID Number for individuals is available.

Example:
REF*6P*AZ12345~

User Note 4:
Not used by CA-DHS

N1 Other Insurance Company Name

Pos: 410	Max: 1
Detail - Optional	
Loop: 2320	Elements: 4

User Option (Usage): Situational

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
IN	Insurer

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational

Description: Free-form name
Notes: This is field WS-FO-FED-CONTRACT-NUM and WS-FO-CARRIER-CODE
Industry: *Insurer Name*
User Note 4: *CA-DHS: Federal Contract Number and State Carrier Code.*

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N103	66	**Identification Code Qualifier**	C	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
User Note 4: *****CA-DHS Not used*****

Code	Name
FI	Federal Taxpayer's Identification Number
NI	National Association of Insurance Commissioners (NAIC) Identification
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)

CODE SOURCE:
  540: Health Care Financing Administration National PlanID

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code
Industry: *Insured Group or Policy Number*
User Note 4: *****CA-DHS Not used******

ExternalCodeList
Name: 540
Description: Health Care Financing Administration National PlanID

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.

Notes:

1. Use this segment to send the name of the insurance company when provided to the sponsor.

Example:

N1*IN**NI*12345678~

User Note 4:

CA-DHS: Federal Contract Number and State Carrier Code

DTP Coordination of Benefits Eligibility Dates

Pos: 450	Max: 2
Detail - Optional	
Loop: 2320	**Elements: 3**

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time
Industry: *Date Time Qualifier*
User Note 4: *CA-DHS: 344-Coordination of Benefits Begin*

Code	Name
344	Coordination of Benefits Begin
345	Coordination of Benefits End

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format
User Note 4: *CA-DHS: D8 Date Expressed in Format CCYYMMDD*

Code	Name
D8	Date Expressed in Format CCYYMMDD

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP03	1251	**Date Time Period**	M	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times
Field Name: POLICY-START-DT
Notes: This is field WS-FO-POLICY-START-DT
Industry: *Coordination of Benefits Date*

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. This segment contains the dates for which coordination of benefits is in effect. Send the eligibility date when provided to the sponsor.

Example:

DTP*344*D8*19960401~

SE   Transaction Set Trailer

<table>
<tr><td>Pos: 690</td><td>Max: 1</td></tr>
<tr><td colspan="2" align="center">Detail - Mandatory</td></tr>
<tr><td>Loop: N/A</td><td>Elements: 2</td></tr>
</table>

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
		Description: Total number of segments included in a transaction set including ST and SE segments				
		Industry: *Transaction Segment Count*				
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				
		User Note 4: *The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.*				
		This number is assigned locally by the sender and matches the value in the corresponding ST02 element.				

Comments:

1. SE is the last segment of each transaction set.

Example:
SE*39*0001~

GE   Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	**Elements: 2**

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included**	M	N0	1/6	Required

Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE02	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender
User Note 4: *Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.*

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups**	M	N0	1/5	Required
		Description: A count of the number of functional groups included in an interchange				
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required
		Description: A control number assigned by the interchange sender				

User Note 4: *The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros or spaces).*

Example:
*IEA*1*000000905~*